

composed of minute fibres, in which were disseminated numerous small oval nuclei about the size of blood-globules, measuring from the four-thousandth to the three-thousandth part of an inch in diameter.

ST. BARTHOLOMEW'S HOSPITAL.

NECROSIS OF THE LOWER JAW FROM THE FUMES OF PHOSPHORUS; REMOVAL OF THE DISEASE ON SEVERAL OCCASIONS.

(Under the care of Mr. PAGET.)

THE swelling of the face, in cases of necrosis of the jaw arising from the fumes of phosphorus, is so peculiar and characteristic that it is possible to diagnose almost any case of the kind from it alone. The tissues become so infiltrated that they cause a great amount of facial intumescence, which sometimes becomes truly enormous; and, as far as we have observed, it remains more or less prominent for years after the whole of the diseased bone has been extracted, and the exciting cause of the disease removed. This was especially noticed in a patient upon whom Mr. Thomas Wakley operated in 1857. (*Vide THE LANCET*, vol. ii. 1857, p. 31.) Although every particle of dead bone was taken away, the puffy and bloated face is yet observed, not so great, however, as it was at one time. The subject of that operation is to be seen occasionally about the streets, exhibiting himself for a livelihood, and everting his mouth to show that his lower jaw is absent.

The following cases had the characteristic puffy swelling. In the first the disease was confined to the lower, and in the second to the upper, jaw. It would appear that both jaws are equally liable to become affected, although it is unusual to see it in both at once. Of 51 cases observed by Von Bibra, both were affected in 5 instances, the upper alone in 21 cases, the lower in 25. Examples of this form of necrosis are rarely witnessed in women in this country, but are common in other parts of Europe; and it has been remarked by M. Moignet, an ecclesiastic well known to science, that abortion is frequent amongst the pregnant women who are employed in factories of lucifer matches.

J. H—, aged nineteen, a porter in a lucifer-match manufactory for four years, but not engaged in the manufacture of the matches beyond piling them after they were dipped. Eighteen months ago he had two of the teeth in his lower jaw extracted; shortly after the lower jaw began to swell, and two months later he was admitted as a patient, under the care of Mr. Stanley. Abscesses now formed around the bone; these subsequently became converted into numerous fistulae and sinuses, which on several occasions gave exit to pieces of dead bone. His general health became much impaired, notwithstanding the use of tonics and liberal diet. The removal of the necrosed bone was contemplated by Mr. Stanley; but as it was discovered that the lad had extensive aortic valvular disease, and the inhalation of chloroform was therefore an unsafe proceeding, nothing was attempted.

Subsequently the patient came under Mr. Paget's care, who, considering that there was no likelihood of getting rid of the necrosed bone without an operation, determined, with the concurrence of his colleagues, to perform one, especially as the patient's general health had become somewhat improved.

On October 19th, 1861, chloroform was carefully administered, and, when anaesthesia was complete, an incision was made by Mr. Paget through the centre of the lower lip and chin, and the flaps turned aside. A shell of new bone was now found surrounding the necrosed part, exclusive of the alveolar ridge. The jaw was sawn through at the symphysis, the two portions separated, and the dead bone was withdrawn on either side as far as the angle of the jaw by means of forceps. The rami were also diseased, but their removal Mr. Paget deferred to another opportunity. The wound was now closed, and the patient carried to his ward, without having suffered in the least from the effects of the chloroform.

Nov. 23rd.—Chloroform was again cautiously given to the patient, when Mr. Paget enlarged an opening communicating with the dead bone, and with a pair of forceps withdrew the left ascending ramus, coronoid process, and condyle. This was effected with great facility; but as the right ramus was still pretty firm, and not loose enough, its removal was deferred. It appears that he has progressed very favourably since the last operation, but the cheeks are extremely puffed out laterally.

On his first admission the necrosis was confined to the left side, but it subsequently extended to the right.

Jan. 16th, 1862.—The patient has progressed favourably in his general health. No further operative measures have been resorted to since November, and there is at the present time no indication of the dead portion of bone on the right side of the lower jaw having separated.

NECROSIS OF THE UPPER JAW FROM THE FUMES OF PHOSPHORUS; REMOVAL OF THE WHOLE OF THE BONE; RECOVERY.

(Under the care of Mr. WORMALD.)

Frederick S—, aged twenty-eight, was an out-patient under Mr. Coote in the month of May, 1861. He had been a lucifer-match maker for eighteen years, and had remained free from disease up to three years ago. The right cheek was very much swollen and puffy-looking, and beneath the eyelid was a sinus leading to diseased bone. The entire upper jaw on the right side was involved in necrosis; the bone on the opposite side was affected to a less extent, and no very marked swelling was yet apparent there. The nostrils were so encroached upon as seriously to interfere with breathing through them. His general health was very bad, owing to the irritation and horribly fetid discharge arising from his disease.

At a later period he was admitted as an in-door patient, under Mr. Wormald's care. The right side of the jaw was now more affected, although the swelling of the face was chiefly confined to the left side. On the 9th July chloroform was administered to the patient, when he was submitted (by Mr. Wormald) to the operation for extirpation of the whole of the upper jaw-bone, that part alone excepted which forms the roof of the orbit. The line of incision extended along the side of the nostril and through the lip, which readily permitted the diseased bone to be seen and excised. The subsequent progress of this case was satisfactory, and altogether the deformity was much less than is usually observed when the lower jaw is removed, more particularly as regards the swelling of the face.

GUY'S HOSPITAL.

EXTRACTION OF THE CORONOID PROCESS AND A PORTION OF THE HORIZONTAL RAMUS OF THE LOWER JAW FOR NECROSIS.

(Under the care of Mr. THOS. BRYANT.)

CHARLOTTE G—, aged four years, was brought to Mr. Bryant in the summer of 1861, with a large abscess on the right side of the face, discharging internally. She had suffered from measles four months previously, and during her convalescence had been attacked with her present affection. A month before she was brought to the hospital, a small piece of bone came away, together with a molar tooth.

On examination, a large abscess evidently existed, and within the mouth several sinuses were present, which communicated with exposed and necrosed bone. The child's health was tolerably good.

By means of a pair of dressing forceps Mr. Bryant readily removed the coronoid process of the lower jaw, with the upper portion of the alveolar process of the horizontal ramus, extending forwards for about an inch. Convalescence, however, rapidly followed, although the movement of the jaw was in a measure limited; but when last seen (a few weeks ago) this had improved.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 14TH, 1862.

DR. BALFOUR, VICE-PRESIDENT, IN THE CHAIR.

ON SOME AFFECTIONS OF THE CÆCAL PORTION OF THE INTESTINES, WITH ILLUSTRATIVE CASES.

BY FREDERICK GEORGE REED, M.D.

THE principal object of this paper being to bring under the notice of the Fellows of the Society the four subjoined cases, which present some remarkable features of a practical nature, it was deemed to be superfluous and misplaced to enter upon